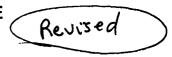
Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE



Change in Company's premium or rate level produced by rate revision effective		7-1-09 nb, 7-15-09 ren	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
Liability Other Than Auto			
4 5 1 17 6			
E Class			
C F11-19			
7 Cumphi			
O D II I I A A - A A - A - A - A - A - A -			
9. Fire			
10. Extended Coverage		And the second s	
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	\$1,974,573	+14.2%	
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory (territ	ories) or certain classes? If so, specifi	y: <u>N/A</u>	
Brief description of filing. (If filing follows rates	of an advisory organization, specify of	organization):	
we are filing to adopt revised rates applicable	for contractor policies.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rate	es.	
	AMC	O Insurance Company	
		Name of Company	
	Marie Safr	reed - State Filing Specialist	
		Official Title	

Form (RF-3)

H29219D

Change in Company's premium revision effective 05/01/20	or rate level produce 009	d by rate —·
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 5.2 CMP - Commercial General Liability Line of Insurance	\$90,930	+22.77%
Does filing only apply to certain of so, specify: No	territory (territories)	or certain classes?
Brief description of filing. (If organization): We wish to adopt I	f an advisory SO advisory loss costs to ure's Commercial Property
We will be adopting GL-2008-BGL1 a		t LCM of 1.20.
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
	BancInsure,	Inc.
	Name of Com	
	Debbie Tebbe, Assistant	t-Vice President
.	Official -	Title

Change in Company's premium or rate level produced by rate revision effective 06/01/09			
(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	<pre>Volume (Illinois) *</pre>	<u> Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners			
13. Commercial Multi-Peril	\$3,288,928	1.3%	
14. Crop Hail			
15. Other Line of Insurance			
Does filing only apply to certain If so, specify:	territory (territories)	or certain classes?	
		1.100	
Brief description of filing. (If organization, specify organization	n): Filing revisions to	an advisory property, broadening	
endorsements, optional coverages a	and office program.		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.			
	Citizens Insurance Com	pany of America	
	Name of Com	pany	
_	elabata e wata	dalan Garan Ibank	
<u>N</u>	Michele L. Holm - Pr	· · · · · · · · · · · · · · · · · · ·	
H29219D	Official - T	ricie	

Form (RF-3)

SUMMARY SHEET

Change in Company's premiu revision effective 06/01/0	m or rate level produced b	by rate
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage 		
Private Passenger Commercial 3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass 6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail 15. Other	\$3,128,875	2.6%
Line of Insurance Does filing only apply to certain	territory (territories)or	certain classes?
If so, specify:		
Brief description of filing. (If organization, specify organization	filing follows rates of ann): Filing revisions to p	n advisory property, broadening
endorsements, optional coverages	and office program.	
4 7 3 i		
* Adjusted to reflect all prior of the change in Company's premium less result from application of new	vel which will	
	Citizens Insurance Compan Name of Compan	

Michele L. Holm - Pricing Consultant
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

	(1) Coverage -	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	Author and the second s	
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
).	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	3,062,709	2.1%
ŀ .	Crop Hail	***************************************	***************************************
	Other	***************************************	was a summary of the
	Life of Insurance		
	Does filing only apply to certain	n territory (territories) or o	certain
	Classes? If so,		
			ents other than Church, Lessors' Risk,
	Restaurants. Earthquake base rate revision	ns affect only territories 11, 12, 13 and	d 14.
	Brief description of filing. (If fill Organization, specify	ling follows rates of an ad	visory
	organization):	Base rate revisions for Busines	ssowners property, liability and Earthquake
	revised transition factors (caps to mitigate		
	eligible policyholders (excluding Contractors		THE RESERVE OF THE PARTY OF THE
	*Adjusted to reflect all prior ra	<u> </u>	
	**Change in Company's premi		from application of new
	rates.	,	• •
		Grange Mutual Casi	ualty Company
		Nam	ne of Company
		L. Alicia Williams, AC	CAS, CPCU, Commercial Actuar
		0	fficial – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		6
Commercial		
iability Other Than Auto		
Burglary and Theft	Controlling on the process of the state of t	
3lass .		
Fidelíty		
Surety		
Boiler and Machinery		
ire		
Extended Coverage		
nland Marine		
lomeowners		
Commercial Multi-Peril	6,482,847	-1.4%
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to cer	tain territory (territories) or	certain
Classes? If so,		
specify: No No		***************************************
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify		
organization):	Adjusting Package Mods t	pased upon experience
		The state of the s
Adjusted to reflect all prior	rate changes.	**************************************
**Change in Company ⁱ s pre		t from application of n
rates.		
ales.	Grance Mutual Co.	sualty Company
rates.	Grange Mutual Ca	sualty Company ne of Company

Change in Company's preming revision effective 06/01	ium or rate level produced l ./09	by rate	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
	volume (IIIIIIOIS)	change (1 01)	
1. Automobile Liability			
Private Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft 5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	\$3,768,447	3.9%	
14. Crop Hail	43//00/11/		
15. Other			
Line of Insurance			
Does filing only apply to certain		c certain classes?	
If so, specify:			
Brief description of filing. (I organization, specify organizati	If filing follows rates of a con): Filing revisions to p	an advisory property, broadening	
endorsements, optional coverages	and office program.		
endersementes, operandr coverages	una orrivo program.		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.			
	TT	G	
	Hanover Insurance Name of Compa	Company	
	Name of Compa	113	
	A42 -11	at a second and a	
	Michele L. Holm - Pric		
H29219D	Official - Tit	rie	

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009 New, 09/01/2009 Renewal. Filing #5373.

RECEIVED		
APR - 2 2009		
DIVISION OF INSURANCE SPRINGFIELD		

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (filmois)	Change (+ or -)
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	BOP \$13,409,998	+7.35%
4.	Crop Hail		
5.	Other		,

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Classes 10145, 10146, 16900, 16901, 16902, 16910, 16911, 16915, 16916, 16920, 16921, 16930, 16931, 16940, 16941 for certain rating relativities.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

1. Change BOP liability rating relativities for restaurants, taverns, package liquor stores, private clubs, and banquet halls. 2. Add BOP liability rating relativities for all classes of business for the number of years in business, experience of the owner, risk analysis grade, and area crime exposure. 3. Amended BOP liability loss costs.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Name of Company

Name of Company

Name Thomas, Program Manager

Official--Title

H29219D

SUMMARY SHEET

Change in Company's premium revision effective <u>06/01/0</u>	n or rate level produced by	by rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -) **</u>
1. Automobile Liability Private Passenger Commercial		-
2. Automobile Physical Damage Private Passenger	- And Annual	
Commercial 3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity		Mileton Company
7. Surety 8. Boiler and Machinery		
9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other	\$552,256	6.9%
Does filing only apply to certain If so, specify:	territory (territories)or	certain classes?
	NAME OF THE PROPERTY OF THE PR	
Brief description of filing. (If organization, specify organization)	filing follows rates of a	an advisory property, broadening
endorsements, optional coverages a		
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
	Massachusetts Bay Insur	
	Name of Compa	ny
M	Michele L. Holm - Pric	cing Consultant

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 04/15/2009	

		 			
_	(1)	(2)	(3)		
_		Annual Premium	Percent		
	Coverage	Volume (Illinois) *	_ Change (+or-) **		
1.	Automobile Liability Private				
	Passenger				
	Commercial				
2	Automobile Physical Damag				
	Private Passenger		•		
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety		-		
8.	Boiler and Machinery		**************************************		
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril	1,012,101	+1.26		
14.	Crop Hail				
15.	Other	-			
	Life of Insurance				
*	Does filing only apply to certa	in tarritary (tarritarias) or	certain		
	Does filing only apply to certain territory (territories) or certain Classes? If so,				
	· ·	is filing only applies to Habita	tional classes		
		9, эррига 10			
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify	ining rollows rates or arra-	avisory		
	organization):	n/a			
	*Adjusted to reflect all prior ra	te changes.			
	**Change in Company's prem	•	t from application of new		
	rates.				
		Nationwide Mutual	Fire Insurance Company		
		Nar	ne of Company		
		James Word - Pric			

Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective			7-1-2009 NB, 9-1-2009 RB	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private			
	Passenger Commercial			
2.	Automobile Physical Damage			
3.	Private Passenger Commercial Liability Other Than Auto			
3. 4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril	\$3,765,007	7.5%	
	Crop Hail			
15.	Other			
	Line of Insurance			
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:		
		ates of an advisory organization, specify org 1.33, Preferred from 1.00 to 1.00, Super Preferred from		
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.		
		Peerless Indemnity Insurance Company		
		N	ame of Company	
		Tammy Blaka	e, Sr. Regulatory Filing Analyst	
		Talliny blace	Official – Title	